

Case Number:	CM13-0025526		
Date Assigned:	11/20/2013	Date of Injury:	07/05/2002
Decision Date:	01/23/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in orthopedic surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 49-year-old female who was injured in a work related accident on July 05, 2002. Recent clinical records for review indicate continued complaints of low back pain. The most recent report for review is July 30, 2013 with [REDACTED], [REDACTED], which stated the claimant underwent bilateral L3-4 facet injections as well as bilateral sacroiliac (SI) joint injections on May 31, 2013 stating relief for one week. Physical examination at that time demonstrated tenderness over the right SI joint and no other significant findings. It stated at that date given her functional response from facet injections, a SI joint rhizotomy was being recommended as well a prescription for physical therapy to perform "pelvic stabilization exercises" for further treatment. Recent clinical imaging or other forms of care were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

The request for 18 sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on the California MTUS Chronic Pain Guidelines, 18 sessions of physical therapy in the chronic course of care in this case would not be indicated. While guidelines indicate that physical therapy can be used in the chronic setting for controlling swelling, pain, and inflammation during acute inflammatory processes, it tends to recommend no more than 9 to 10 visits for a diagnosis of myalgias or myositis. This specific request for 18 sessions of therapy is not medically necessary and appropriate.

The request for a Rhizotomy on the right SI joint with sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip Procedure, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The California MTUS Guidelines are silent regarding radiofrequency neurotomy to the SI joint. When looking at the ODG criteria, sacroiliac radiofrequency neurotomy is not supported. The Guidelines indicate that recent clinical research including randomized clinical trials showed small demonstration of pain relief on a short term or an intermittent basis, but no documentation of long term efficacy or improvement. As such, the request for a Rhizotomy on the right SI joint with sedation is not medically necessary and appropriate.